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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 480230.401USPC		
FY 2008						
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/542,867			Filed January 9, 2006			
FOR JUVENILE HORMONE TRANSMETHYLASE GENES AND METHOD OF USING THE SAME						
Art Unit 1656			Examiner Jae W. Lee			
Th	is is a request under the provisions of 37 CFR	1.136(a) to exte	end the peri	od for filing a		
rep	bly in the above identified application.					
	e requested extension and fee are as follows a below):	(check time perio	od desired a	and enter the appropriate		
		Fee	Small E	ntity Fee		
[	One month (37 CFR 1.17(a)(1))	\$120	\$6	\$ <u>120</u>	ļ	
[	Two months (37 CFR 1.17(a)(2))	\$460	\$2	30 \$		
[	Three months (37 CFR 1.17(a)(3))	\$1050	\$5	25 \$		
[	Four months (37 CFR 1.17(a)(4))	\$1640	\$8	20 \$		
[	Five months (37 CFR 1.17(a)(5))	\$2230	\$11	115 \$		
	Applicant claims small entity status. See 37 CFR 1.27.					
	A check in the amount of the fee is enclosed.					
	Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.					
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23	to Deposit Account Number 19-1090.					
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71						
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
	☑ attorney or agent of record. Registration No. <u>44.614</u>					
	☐ attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34					
Registration number tracing under 37 CFR 1.34						
	/William T. Christiansen/			December 19, 2007		
	Signature			Date	-	
	William T. Christiansen, Ph.D.		2	06-622-4900		
	Typed or printed name Telephone Number					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required.
SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

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